



Welcome to Garden Pediatrics! Thank you for choosing us. We are honored that you have entrusted the care of your child to our practice.

Our name reflects our belief that one of a pediatrician's most important responsibilities is not only caring for kids when they are sick, but also helping them grow strong and healthy. As moms ourselves, we understand the joys and challenges of parenting. Our hope is to help you enjoy the fun parts more fully and make the difficult moments a little more manageable — because helping your child grow is at the heart of everything we do.

One of the great joys of parenting is watching your child grow and develop. During well visits (physicals), we track developmental milestones, monitor growth, and discuss what to expect in the months ahead. These visits also give us the opportunity to support your child's emotional well-being and help with the everyday parenting questions that come up along the way. We follow the recommendations of the American Academy of Pediatrics for the timing and content of these visits.

We also know how stressful it can be when your child is sick. Our team works hard to be available when you need us and we do our best to offer same-day appointments whenever possible. After hours, please call your IEHP specific nurse line for assistance .

Please review the sections in this packet to better understand how our practice operates. We are grateful for the opportunity to care for your family and look forward to partnering with you as we help your child grow.

Sincerely,

Cameo Carter, MD, ABP, ABOM, FAAP
Pediatrician and CEO

Garden Pediatrics Outline

Services Provided

Garden Pediatrics provides quality health related services to children from birth through young adulthood. This includes well care, sick-care and minor procedures, and coordination of care.

Location

470 E Highland Ave, Redlands, CA 92373
909-792-8866 (office number and texting)
909-792-9395 (fax)

Website

www.gardenpediatrics.com

Normal Hours of Operation

Monday – Friday 8am-5pm

Mission Statement

Garden Pediatrics
Helping Your Child Grow

A distinctive, caring, up-to-date pediatric practice serving the Inland Empire region where the staff loves to work, and patients look forward to visiting.

Values

Distinctive

- Aesthetically appealing environment for children and their caregivers
- Compassionate, timely treatment when ill; with focus on education and prevention during well visits
- Small medical-group atmosphere

Caring

- Compassion at every visit

Up To Date

- Strong, experienced, knowledgeable board-certified clinical skills with state-of-the-art diagnostic equipment
- Electronic medical records and office management system

Serving

- Dedication to serve the child both as an individual and as part of a dynamic family and community relationship
- Place children and the family's needs as our top priority
- Community involvement through mother's groups, health fairs, and other venues

Garden Pediatrics Operations

Garden Pediatrics is a general pediatric practice with board certified pediatrician, Dr. Cameo Carter, MD and board-certified pediatric nurse practitioner, PNPs Erin Nolan, are available to serve you. You can request one to be your primary pediatrician or pediatric nurse practitioner who you will see for your child's well visits and most sick visits. If your primary pediatrician is unavailable, you may have the option to see another pediatrician or PNP.

Appointment policy

Our entire team at Garden Pediatrics works hard to ensure a smooth visit experience for each of you. Our goal is for your child to be seen by their doctor or PNP at their scheduled appointment time. To do this, your arrival time should be at least 15 minutes prior to your appointment time. This allows us time for the check-in at the front, update information and collect any necessary co-pays. When an appointment is made by you, we reserved that spot for their care and if you arrive later than the check-in time this may affect the clinician's ability to see you or see you in a timely manner.

To make the check-in process smooth, please do the following with each appointment:

- Arrive 15 minutes prior to your appointment time if your visit is for one patient, 30 minutes prior to your first appointment time for 2 or more children
- Bring your insurance and identification cards to the window at check-in
- If your insurance is not valid, we are not able to see you
- If running late, call. We'll make every attempt we can to fit you in, but we may need to reschedule your appointment but if there are no other openings, we will have to reschedule.

If you know in advance that you will be late, call or text the front desk (909-792-8866) as soon as possible so that we can attempt to find another slot for you. If another time is not available on the same day, we may need to offer an appointment on another day.

If you no-show (do not show up to an appointment that has been scheduled) or cancel within one business day, this will be documented and you will be notified. If this occurs three times your primary practice may be reassigned.

Please initial acknowledgement _____

Call

Please call your dedicated IEHP nurse line for concerns outside of office hours.

Discrimination Policy

We believe that patients and parents/guardians have the right: to be treated considerately and respectfully regardless of the patient and/or family's race, religion, sex, sexual orientation, gender identity/expression, cultural background, economic status, education, or illness.

Food and Drink Policy

Please avoid food and drink unless no-spill top in our office to avoid mess and health issues for those with allergies.

HIPAA

Our office is required by law to strictly adhere to all guidelines set forth in the Health Insurance Portability and Accountability Act of 1996. A copy of your rights and privacy is available at any time. Please inquire at the front desk, and a copy will be provided to you. Please direct any questions or concerns to management or your pediatrician or nurse practitioner. We will address your questions or concerns promptly and to the best of our ability.

Mixed Family Environments

We have all different types of mixed family structures that we deliver care to. At times, communication can be challenging. In all cases, it is important that you clearly understand how care will be coordinated for your child as well as understanding what resources Garden Pediatrics makes available for you.

Garden Pediatrics focuses our energy and resources on delivering the best possible care for your child. To provide that care, there are several scenarios that frequently arise, as follows:

Visit Information

We often receive requests for information delivered during past visits when the other parent was present, for example, or about when the next visit is scheduled. This information and much more is available through our patient portal. Please visit our website for more information or contact us if you need assistance.

Disagreements Between Parents

It is the job of the doctors and nurse practitioners at Garden Pediatrics to take care of your child. We are concerned with their physical, mental, and emotional health. If we need to meet jointly with both parents, we respectfully ask that this concession is made. We will not mediate or be the messengers in communication. As stated above, all visits are available to both parents (with unique sign-ins) via our patient portal.

Providers will not call a parent after visits with the other parent to discuss the visit.

Additional Visits

We often receive requests for multiple visit requests for the same type of visit to accommodate different parental needs. Garden Pediatrics will accommodate as many visit requests as we are able. To conserve your resources and ours, we recommend visiting the patient portal where critical care information can be found, such as patient handouts for the visit, visit Exit Notes, and upcoming appointment information.

Additional questions or concerns?

If you are uncertain or unclear about any of this information, please contact us at 909-792-8866 or email customer.service@gardenpediatrics.com. We will respond to your inquiry as soon as we are able.

Please initial acknowledgement _____

Newborns

We offer pre-delivery office tours as you await your new baby with the practice manager. You are also invited to have a pre-delivery newborn consult visit with one of our providers for a \$50 non-refundable fee. It is valuable to discuss how Garden Pediatrics operates, any concerns you may have, your medical history and a health care plan for your newborn.

If you wish, we offer circumcisions for infant males. This can be done in our office within one month of age and 10lbs weight. IEHP does not cover this procedure but can be paid for by you directly. We also provide laser frenectomies (upper lip and tongue) which can be so helpful to a breastfeeding mom and baby when medically indicated and those will be covered services under IEHP.

The birth of a baby is an exciting time for everyone. It can also be a little scary, especially the first time. We are here to support you and your new child as you navigate this new adventure together.

Phones/Communication

Garden Pediatrics has a phone system to help direct you to the person you most want to talk to. Please listen to the options carefully and please leave a message if directed to a voicemail as they are answered in the order that they are received with us usually answering those calls within an hour. After office hours, please contact your IEHP dedicated nurse line.

In addition to phone calls, you can also reach us by texting our main number or by emailing customer.service@gardenpediatrics.com or ideally reaching us through your child's portal via our website. The portal use is not for emergency use ever. Clinicians are on this portal as time allows. You can register your child for this with the front office and access communication with the front office or clinical team this way as well.

Photo and Video Policy

It is against company policy for any patient family to record (photo or video) any portion of the medical care of any visit without express permission before doing so.

Procedures

Besides circumcisions and frenectomies, we also perform nasal cauterization and toenail removals. Due to our contract with IEHP, they will not pay for other procedures that we are trained to do (e.g. sutures (aka "stitches"), dermabond ("skin glue"), staples, incision & drainage, skin tag removal, wart treatment), so those will have to be referred out.

Vaccinations

The doctors, nurse practitioners and staff at Garden Pediatrics are strong advocates for vaccination. We believe that the opportunity to immunize our children is one of the greatest gifts science has given us. We also understand that it is the parent(s) right and responsibility to make medical decisions for their children. In that spirit, we want to be sure you feel encouraged to discuss your questions and concerns with us. If you would like to wait on vaccinations or vaccinate on a different schedule than recommended by the American Academy of Pediatrics (AAP), we require that you schedule a visit with us first, prior to any other of your child's appointments so that we can discuss your child's plan of care, immunization, and scheduling. We cannot combine other visits with the first vaccination schedule discussion appointment. This visit usually takes approximately 20-30 minutes so please plan accordingly. In accordance with State law, we do not grant vaccine deferrals or exemptions for personal or religious reasons. Further, any delay letters or exemptions for school require filing through CAIR-ME online and must meet strict medical guidelines for doing, which most people will not meet.

Garden Pediatrics Staff

Clinicians

Dr. Cameo Carter, MD

Owner and founder of Garden Pediatrics, Dr. Carter is a board-certified pediatrician, a board-certified obesity specialist, and mom of three who loves what she does.

Being the oldest of three siblings, Dr. Carter always felt comfortable with and enjoyed caring for children. She graduated from college magna cum laude with an honors degree in Psychology and worked as a preschool teacher shortly thereafter. During this time, she decided to go into medicine and fell in love with pediatric care.

Garden Pediatrics was a dream of Dr. Carter's since medical school. "Helping your child grow" was the motto she chose for Garden Pediatrics; a theme she incorporates not only through the decorating scheme but also in the approach she takes to pediatric practice, partnering with parents as they raise their kids. As an advocate for children's wellness and a person with energy and creativity, Dr. Carter takes a team approach to pediatric medicine. She encourages children to be involved in their own health care and health maintenance, coaches and cheers on parents as they raise their kids. Dr. Carter also started Garden Wellness in 2025 which focuses on adult obesity medicine.

Dr. Carter has raised three boys who are now young adults. As much as she loves her job as a pediatrician, she loves her "mom-job" the most. She's married to a talented musician and together they enjoy dreaming, working in the yard, travelling, exploring the outdoors, listening to music, going to concerts and spending time with their family and pets. She is an advocate for healthcare reform and gets involved in both the state and federal level.

Erin Nolan, PNP

Prior to joining Garden Pediatrics, PNP Erin worked as a registered nurse in the pediatric intensive care unit at John Muir Hospital before gaining advanced training at Duke University becoming a pediatric nurse practitioner. She has over nine years of pediatric nursing experience within critical care and acute care specialties. PNP Erin is inspired every day by the honesty, wisdom, silliness, strength, and vulnerability of the children she cares for and is passionate about providing holistic care and empowering patients to take ownership of their health. Her specialty interests include lifestyle medicine and integrative therapy. In her free time, she enjoys practicing yoga, hiking, traveling, and spending time with her daughter and fur baby.

Administrative Staff

Josie Rogers, Practice Manager

Paola Brito, Operations Manager

Daniela Sanchez, Clinical Administrative Assistant

Iman Rashed, Billing Liaison

Clinical Staff

Medical Assistants: Melissa Ventura, Samantha Samaniego, Sabrina Veal

Infant and Young Child Well Visits

We follow the AAP guidelines for services we perform during WCC, but not all services may be covered by a particular insurance. It is the family's responsibility to what is covered by their insurance payer. Any uncovered service will be patient responsibility.

Newborn:	Monitor weight, nutrition, jaundice, development, and hospital follow up
2 Week:	Monitor weight, nutrition, jaundice, development, anticipatory guidance
1 Month:	Assess growth, development, nutrition, bonding, feeding, and overall health
2 Month:	Assess growth, development, nutrition, overall health Vaccines – Vaxelis (DTaP, Inactivated Poliovirus, Haemophilus b Conjugate & Hepatitis B Vaccine), Vaxneuvance (pneumococcal conjugate), Rotateq (rotavirus vaccination)
4 Month:	Assess growth, development, nutrition, overall health Vaccines – Vaxelis (DTaP, Inactivated Poliovirus, Haemophilus b Conjugate & Hepatitis B Vaccine), Vaxneuvance (pneumococcal conjugate), Rotateq (rotavirus vaccination)
6 Month:	Assess growth, development, nutrition, overall health Vaccines – Vaxelis (DTaP, Inactivated Poliovirus, Haemophilus b Conjugate & Hepatitis B Vaccine), Vaxneuvance (pneumococcal conjugate), Rotateq (rotavirus vaccination)
9 Month:	Assess growth, formal developmental screening with ASQ, nutrition and overall health
12 Month:	Assess growth, development, nutrition and overall health; SPOT vision testing Vaccines: MMR, Varicella, HepA#1, Vaxneuvance Lab/Test: lead, hemoglobin (done in-house)
15 Month:	Assess growth, development, nutrition and overall health Vaccines: DTaP, Polio, Haemophilus b
18 Month:	Assess growth, formal development screening with ASQ and M-CHAT, vision screen, nutrition, and overall health Vaccines – Hepatitis A #2
24 Month:	Assess growth, formal developmental screening with ASQ and M-CHAT, nutrition and overall health Lab/test: Lead
30 Month:	Assess growth, formal developmental screening with ASQ, nutrition, overall health
3 Year:	Assess growth, development, nutrition, vision screen, and overall health Studies – vision screen
4 Year*:	Assess growth, development, nutrition, school preparedness, and overall health Vaccines – Quadracel (DTaP, Polio) and ProQuad (MMR, Varicella) Studies – Vision acuity, Hearing
5-10 Years:	Assess growth, development, nutrition, academic, social and overall health Studies – Vision acuity, Hearing

Between the ages of 9-11 --> Pre-teen labs (CBC, CMP, TSH, FT4, Vitamin D, fasting lipid panel).

CPT Codes:

99174 Vision screen

99173 Vision Acuity

92551 Hearing Screen

83655 Lead

85018 Hemoglobin (Hgb)

Tween and Young Adult Well Visits

We follow the AAP guidelines for services we perform during WCC, but not all services may be covered by a particular insurance. It is the family's responsibility to what is covered by their insurance payer. Any uncovered service will be patient responsibility.

- 11 year: Assess growth, development, nutrition, middle school transition
 Vaccines – Tdap, Meningitis, HPV series (two vaccines six months apart)
 Labs/Studies – Vision acuity, hearing, Pre-teen labs (CBC, CMP, TSH, FT4, Vitamin D, fasting lipid panel) if not done before.
- 12 year*: Assess growth, development, nutrition, social/emotional development.
 Labs/studies – Vision acuity, hearing, pre-teen labs if not done already, depression screening

** done yearly. Beginning in 9th grade, several minutes will be spent without parent present for confidential screening. At 18, we ask that the initial part of the visit is with the patient and parents can be brought in in the latter if half if requested by the patient.*

CPT Codes:

99174 Vision screen

99173 Vision acuity

92551 Hearing Screen

83655 Lead

85018 Hemoglobin (Hgb)

Financial Policy

Our goal is to provide and maintain great physician-patient relationships. Letting you know in advance about our financial policies allows for a good flow of communication. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our front office team.

Fees for Service

We encourage all patients who have concerns about the cost of care to inquire about those costs in advance of service. Garden Pediatrics follows the American Academy of Pediatrics (AAP) guidelines for care provider to our patients. We will administer care according to those guidelines and patients may incur associated fees. Some IEHP plans do require copays and they must be paid at time of service.

Non-Covered Services

Any service determined as “not covered” by your insurance plan will not be able to be provided. Patients are advised to check with their insurer about any services that may be excluded in their policy.

Medical Necessity

Services denied due to lack of medical necessity may also be billed to the patient.

"Cash" Policy

If patients have no insurance or have an insurance that we are not in network to, we offer direct cash pay prices (can be check or credit card as well). Payments must be made at the time of visit.

We also offer a concierge service which has additional costs and benefits.

No Show, Cancellation and Late Policies

Please arrive 15 minutes before you're scheduled to see your doctor or PNP. During this time, we will check you in, collect any co-pays or co-insurances, update any registration information and prepare for your child's visit by taking vitals and measurements. Arriving on time prior to your appointment allows your doctor or PNP to see you at the scheduled time. If you no-show to an appointment, or don't reschedule prior to one full business day before your appointment (which counts as a no-show), a \$100 no-show fee will be billed. If a credit card is used there will be a 3% surcharge added.

Please initial acknowledgement _____

For patients in networks in which we participate:

We are in-network with most PPO insurances.

We are in-network with IEHP.

Your contractual payment (co-pay) is due at the time of service. It is our policy and contractual obligation with your insurer to collect at the time of service. Insurance carriers change their requirements and their participation regularly, so contact your carrier for the latest information about your program.

Please follow these steps to ensure proper processing of your insurance plan coverage:

1. On arrival, please check in at the front desk and present your current insurance card at every visit. You will be asked to sign and date the file copy of the card any time there is an insurance change. This is your verification of the correct insurance and consent to bill the insurer on your child's behalf. If the insurance company that you designate is incorrect, the insurance company to which the claim is submitted will be denied by them and you will be billed for those services. Most insurance companies have timely filing limits, and by the time a claim is denied, it may be too late to collect from the correct insurance company. Therefore, you will be responsible for payment even if your correct insurance company denied the claim.

Please initial acknowledgement _____

2. If Garden Pediatrics is your primary care physician, please make sure that our name or phone number appears on your card (if applicable). We cannot see you if our name is not on your card (hard copy or virtual).

Please initial acknowledgement _____

3. According to your insurance plan, you are responsible for paying all co-payments and we have a contractual obligation with your insurer to collect those payments. **We will submit to secondary insurance plans but please clearly inform us if more than one insurance and which one is primary.** You must inform us if there are multiple insurances.

Please initial acknowledgement _____

4. Please make it a priority to understand your benefit plan, regardless of how complex it seems to be. It is your responsibility to know if a written referral or authorization is required to see specialists, if preauthorization is required prior to a procedure, and what services are covered. If you are not sure what is required, we are happy to have you call your insurance company from our office and find out prior to the services being rendered..

Please initial acknowledgement _____

5. If you owe us a balance (except if there is a payment plan in place) prior to being with IEHP, we require that for scheduled appointments all prior balances must be paid prior to that visit.

Please initial acknowledgement _____

6. Co-payments and co-insurances are always due at the time of service. A \$10 processing fee (or service fee) will be charged in addition to your co-payment if the co-payment is not paid at the time of service or by the end of the next business day, as it costs us at least that much to bill you for it.

Please initial acknowledgement _____

7. Once we receive your insurance plan's explanation of benefits (EOB, which your insurance sends you simultaneously), any balances due from you will be billed upon receipt of that explanation. **Your payment is due within 10 business days of your receipt of your bill.**

Please initial acknowledgement _____

8. Account balances outstanding greater than 30 days (about 4 and a half weeks) will incur interest at 20% per month, billed monthly, until the balance reaches \$0. Garden Pediatrics uses external agencies who report to credit agencies, where required.

Please initial acknowledgement _____

9. Effective July 1, 2025: A holder of this medical debt contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violates that section by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall be void and unenforceable.

Please initial acknowledgement _____

10. Banks charge us for returned checks and it costs us to reprocess your bill and follow up with you, so if any checks are returned for insufficient funds, we will need to charge you a \$25 fee **PLUS** any bank fees incurred.

Please initial acknowledgement _____

11. Advance notice is needed for all non-emergent referrals, so please give us 3 to 5 business days to create a referral for you. While we will make every effort to refer you to a physician participating in your plan, it is your responsibility to know if that selected specialist participates in your plan. Your plan may not cover referrals to out-of-network providers, so those charges may be billed directly to you.

Please initial acknowledgement _____

12. Before making an annual physical appointment, check with your insurance company whether the visit is due. Some insurances pay for one visit per calendar year in ages over three, while others require a year from the last well visit.

Please initial acknowledgement _____

13. Not all services provided by our office are covered by every plan. Any service determined as 'not covered' will not be performed.

Please initial acknowledgement _____

14. If a credit card is used, a 3% surcharge will be applied.

Please initial acknowledgement _____

I have read and understand this office financial policy and agree to comply with and accept the responsibility for any payment that becomes due as outlined herein.

Patient Name(s)

Responsible party member's name/signature

Relationship/date

Communication Consent

I hereby give consent for Garden Pediatrics to use and disclose protected health information (PIH) about me to carry out Treatment, Payment and healthcare Operations (TPO). (Garden Pediatrics' Notice of Privacy Practices provides a more complete description of such uses and disclosures).

I have the right to review the Notice of Privacy Practices before signing this consent. Garden Pediatrics reserves the right to revise its Notice of Privacy Practices at any time. A revised Notices of Privacy Practices may be obtained by forwarding a written request to Garden Pediatrics' Privacy Officer at 470 E. Highland Avenue, Redlands, CA 92373.

With this consent, Garden Pediatrics may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my child's clinical care. Including laboratory results among others.

With this consent, Garden Pediatrics may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements if they are marked Personal and Confidential.

With this consent, Garden Pediatrics may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Garden Pediatrics restrict how it uses or discloses my child's PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Garden Pediatrics' use and disclosure of my child's PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Garden Pediatrics may decline to provide treatment to me.

Parent or legal guardian (print/sign)

Garden Pediatrics HIPAA Policy

Your information • Your rights • Our responsibilities

This Notice explains how we may use and disclose your protected health information (PHI), what rights you have, and our responsibilities in protecting it. Please read it carefully.

1) Your Rights

You have the right to:

- **Access** your paper or electronic medical record.
- **Request an amendment** if you believe your record is incomplete or incorrect.
- **Request confidential communications** (e.g., different phone number/address).
- **Request restrictions** on how we use/share your PHI for treatment, payment, or operations.
- **Receive an accounting of disclosures** (certain non-routine disclosures) for up to six years prior to your request.
- **Receive a paper copy** of this Notice at any time.
- **Designate a personal representative** (e.g., medical power of attorney) to act for you.
- **File a complaint** without fear of retaliation if you believe your privacy rights were violated.

If you pay for a service **out of pocket in full**, you may ask us **not to share** that service's information with your health plan for payment or operations; we will honor this unless sharing is required by law.

2) Your Choices

In certain situations, you may tell us **how** we share information:

- With family, close friends, or others involved in your care.
- For disaster relief or when you are unable to express preferences.

If you are unable to state your preference (e.g., unconscious), we may share information if we believe it is in your best interest. We may also share information as needed to lessen a **serious and imminent threat** to health or safety.

We will not use or disclose your PHI for the following **without your written authorization**:

- Marketing
- Sale of PHI
- Most uses/disclosures of psychotherapy notes

Fundraising: We may contact you; you can opt out of further contacts.

3) How We Use & Disclose Your Information

We may use/share your PHI to:

Treatment – Coordinate and manage your care with other providers.

Payment – Bill and receive payment from you or your health plan.

Health Care Operations – Run our practice, improve quality, and contact you when necessary.

Other permitted uses/disclosures (as allowed or required by law):

- Public health activities (e.g., reporting disease, adverse events, product recalls, abuse/neglect).
- Health oversight activities and audits.
- Law enforcement or other government requests.
- To medical examiners/funeral directors.
- Workers' compensation, military, and national security purposes.
- To avert a serious and imminent threat.
- In response to a court order, subpoena, or other lawful process.
- Compliance reviews by the U.S. Department of Health & Human Services.

Other uses/disclosures not listed here will occur **only with your written authorization**. You may revoke an authorization at any time in writing.

4) Our Responsibilities

We are required to:

- Maintain the **privacy and security** of your PHI.
- Provide you with this **Notice** of our privacy practices.
- **Follow** the terms of the Notice currently in effect.
- **Notify you promptly** if a breach occurs that may have compromised your PHI.
- Not use/share your information other than as described here unless you provide written permission.

5) Changes to this Notice

We may change this Notice at any time. Changes apply to all PHI we maintain. The current Notice will be available in our office and on our website; you may request a copy at any time.

6) Complaints & Contact Information

If you believe your privacy rights have been violated, you may file a complaint:

- **Garden Pediatrics Privacy Officer**
Practice Manager **Josie Rogers**
Email: Josie.rogers@gardenpediatrics.com
- **U.S. Department of Health & Human Services, Office for Civil Rights**
Website: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>
(You will not be retaliated against for filing a complaint.)

7) Additional Notes

- This Notice applies to **Garden Pediatrics** only.
- We **do not sell** your personal health information.
- We will **not** share substance use disorder treatment records without your written permission, except as permitted by law.
- Parents/legal guardians generally may access a child's records subject to state law and professional judgment.
- You can access your/your child's health information via our **patient portal**; ask our front office for details.

Patient Name (s):

Your Name (Print/Signature)

Relationship to the Patient

Date _____

Doctor & PNP Rights

We love what we do and dedicate countless hours and energy to caring for your children. We view our relationship with families as a partnership built on trust, mutual respect, and shared goals for your child's health. To maintain that trust and ensure clear communication, it's important to outline the expectations we have in the role we play in your family's care.

1. **Respect and Professionalism**

Physicians and nurse practitioners have the right to be treated with courtesy and respect as professionals, just as we are committed to treating every patient and family with the same.

2. **Independent Medical Judgment**

We have the right to practice medicine in the best interest of each individual patient — not in the interest of an employer, insurance company, or other third party.

3. **Evidence-Based Care**

We have the right to make recommendations based on our training, clinical experience, and the best available medical evidence. We cannot and will not prescribe medications, order tests, or make referrals that are not medically indicated or appropriate.

4. **Personal Time and Boundaries**

We have the right to personal and family time to rest and recharge. When we are away from the office, another qualified professional will always be available for urgent needs.

5. **Fair Compensation**

We have the right to expect prompt and fair payment for our services, reflective of the professional expertise and time dedicated to each patient's care.

6. **Safe and Respectful Work Environment**

We have the right to a safe, respectful workplace free from verbal abuse, threats, intimidation, or coercion toward any member of our team.

- **Abusive behavior**, including yelling, aggressive demands, or disrespect toward physicians, nurse practitioners, or staff, will not be tolerated.
- Requests that violate professional boundaries (such as demanding personal phone calls or communications outside of established channels) will not be honored.
- We reserve the right to terminate a provider-patient relationship in situations involving abuse, repeated non-adherence to medical recommendations, placing a provider between two parents in conflict, or failure to pay for services.

Appointment Policy

Garden Pediatrics works to ensure a smooth visit experience for each of our patient families. When you, you can expect a rapid check-in process, minimal wait times for an exam room, adequate time with your provider and an efficient checkout process. Performing this consistently for every patient, every time, is important to us. As needed, we will adjust our policy to ensure we can achieve this goal for each of our families.

The appointment time we save for your child is held for them. Please arrive at least 15 minutes prior to your appointment time. If you are not here at that time, we may have to reschedule your appointment. This ensures you the best opportunity for you to be satisfied with the entire visit experience and for measurements, tests, and vitals to be done so that your child is ready to be seen at their appointment time.

To accomplish this experience, the appointment check-in process is critical and is as follows:

- **Arrive 15 minutes prior to your appointment time if your visit is for one patient, children, and 30 minutes prior to your first appointment time for 2 or more children**
- **Bring your insurance card and ID card to the window when you check in**
- **If your insurance is not valid, your child cannot be seen.**
- **If you're running late, call. We'll do everything we can to fit you in, but we may need to reschedule your appointment.**

Please initial acknowledgement _____

If you know in advance that you will be late, please contact the front desk and we will attempt to reschedule you for the same day, when another appointment time is available. If another time is not available on the same day, the team will work to offer an appointment on a different day.

No-show fees and within one business day will be documented. If more than 3 occur, you may be reassigned to another clinic.

Please initial acknowledgement _____

Thank you in advance for your cooperation and for choosing Garden Pediatrics to serve your family.

Responsible party member's name (printed / signature)

Date

CAIR Record

Per California Immunization Registry law (Health and Safety Code, Section 120440), all patients/parents must be disclosed that California medical providers are authorized to submit patient vaccination records and tuberculosis (Tb) test results to CAIR for access by medical care providers and other authorized CAIR users.

By signing this form, I understand that my child/children will have this information uploaded to CAIR for access by medical care providers and I fully consent for the information to be accessible by medical care providers and other authorized CAIR users.

Please list the name(s) of child/children and dates of birth below:

Responsible party member's name (sign/signature)

Date

Garden Pediatrics Alternate Vaccine Schedule Position Statement

At Garden Pediatrics, we believe that protecting children through vaccination is one of the most important and effective responsibilities we have as pediatric health professionals. Our role is not only to care for your child when they are sick, but also to keep them healthy — and to guide families in making informed, evidence-based decisions for their child's future well-being.

Our physicians and nurse practitioners are all **board-certified, highly trained, and continually educated** on current medical standards of care*. It is our duty to share accurate, evidence-based information and to recommend what has been proven safest and most effective for children.

If we were to withhold those recommendations simply because a parent disagrees, we would not be fulfilling our professional or ethical responsibility. For example, if a parent preferred to avoid antibiotics entirely, we would still recommend a life-saving antibiotic for a child with a serious bacterial infection. The same is true for vaccinations. We know — beyond question — that vaccines protect, prevent, and save lives.

Immunizations are among the **greatest achievements in medical science**, dramatically reducing childhood deaths and disabilities from diseases that once devastated families and communities. Even within our own practice, we care for parents who live with lasting complications from vaccine-preventable illnesses such as polio (muscle atrophy, gait abnormalities) and *Haemophilus influenzae* (deafness) — diseases that are now nearly eradicated because of vaccination.

While public debate continues in popular culture, **there is no debate in scientific medicine** about the safety and efficacy of vaccines. **Countless peer-reviewed studies** across decades and countries confirm that vaccines do not cause autism and that the recommended schedule provides the best balance of protection and safety.

Our recommended vaccine schedule reflects both the scientific data on immune protection and the **realities of the U.S. healthcare system**. In some regions of the world, such as parts of Europe or India, vaccines may be given at different intervals — earlier or later — based on how healthcare is accessed and what diseases are most prevalent. The schedule we follow is designed to protect children **as early and as effectively as possible** within our nation's healthcare structure, where not all children have equal access to consistent medical care.

We believe vaccination on the standard U.S. schedule offers the best and safest protection for children in our community.

Our Approach for Families Requesting Alternate Vaccine Schedules

We understand that some parents have questions or wish to proceed more gradually. We never discriminate against families who are trying to make the best decisions for their children, but we remain committed to educating, informing, and recommending what we know to be in the child's best interest.

To ensure informed care and proper documentation, Garden Pediatrics follows these procedures for families considering an alternate or delayed schedule:

1. **Vaccine Consultation Appointment**

Families wishing to delay or modify vaccines must first schedule a dedicated consultation with their pediatrician or pediatric nurse practitioner. This visit provides time to listen to your concerns, answer questions, and review current scientific evidence and data about vaccines.

2. **Refusal to Vaccinate Form**

If a parent refuses a recommended vaccine or chooses an alternate schedule, a refusal form will be signed

and kept in both the child's chart and our in-house vaccine record ("yellow card"). This will be updated at each visit where an immunization is recommended.

3. Planning an Alternate Schedule

For families requesting an alternate schedule, we will work together to design a plan that meets your comfort level while prioritizing your child's timely protection. This discussion is part of the vaccine consultation visit and does not constitute an official waiver or exemption.

4. Provider Visit for Each Vaccine Appointment

Each time a vaccine is given on an alternate schedule, the child must have a visit with the clinician to ensure that spacing is appropriate and that the child is healthy enough to receive immunizations that day.

5. Illness Appointments for Under-Vaccinated Children

If your child is unvaccinated or under-vaccinated, please inform our staff when calling for a sick visit and again at check-in. This helps us take extra precautions to protect all patients and efficiently manage any possible exposure to vaccine-preventable illnesses.

We feel deeply called to this work. Every member of the Garden Pediatrics team is dedicated to caring for children and supporting parents with honesty, compassion, and respect.

Please sign below to indicate that you have read and understand our vaccine policy. By signing, you are not agreeing to any particular vaccine schedule, but you acknowledge and agree to comply with the process that allows us to provide safe, informed, and responsible care for your child.

Sincerely,

Cameo A. Carter, MD, FAAP
Owner and Medical Director

Parent Name

Child's Name

Parent Signature

*Standard of care: 1. A diagnostic and treatment process that a clinician should follow for a certain type of patient, illness, or clinical circumstance.

2. In legal terms, the level at which the average, prudent provider in a given community would practice. It is how similarly qualified practitioners would have managed the patient's care under the same or similar circumstances. The medical malpractice plaintiff must establish the appropriate standard of care and demonstrate that the standard of care has been breached.

Vaccine Consult

Parent Acknowledgement

To best care for your child(ren), Garden Pediatrics must abide by California's state laws regarding vaccines. Please read the below statements and sign where indicated to acknowledge your understanding of our policies.

- Vaccine exemption: Can only be done if meets medical criteria. Must be done by MD only. Acceptable medical criteria include:
 - o Immunodeficiency due to known underlying disorder
 - o Immunodeficiency due to treatment causing immunodeficiency (e.g. cancer)
 - o Anaphylaxis history to vaccine component
 - o Proven history of disease (e.g. chicken pox)
 - Please note: this requires that medical documentation of the disease as well as evidence of protection by lab documented titers. This must be uploaded to CAIRme.
- Vaccine delay letter: Must meet criteria above. Can only be done by MD.
 - o On CAIRME, delay of vaccination requires the same criteria that exemptions do
 - o Most schools require CAIRs and not simple letter stating delay or alternate vaccine schedule
- Modified or alternate vaccine schedule: must not going to daycare/preschool/school yet. MD or PNP can do with information discussed at vaccine consult.
 - o If doing a modified schedule, the parent needs to stay on agreed upon schedule within a month. If they are unable to do so, another vaccine consult visit may be required.

Child(ren) name

Parent/Guardian Name (Printed/Signature)

Date

Garden Pediatrics - Key Practice Policies Summary

This page summarizes the most important policies in our welcome packet.
Please review carefully.

Appointments - To keep visits running smoothly:

- Arrive 15 minutes early for one child
- 20 minutes early for two children
- 30 minutes early for three or more children

Bring your insurance card and ID,

If you are running late, please call or text the office. Late arrival may require rescheduling.

Missed Appointments

Reassignment after 3 missed appointments including:

- No-shows
- Cancellations within one business day of the appointment

Communication

You may contact our office by phone, text, email, or the patient portal.

- The patient portal is for non-urgent communication only
- After-hours calls should be directed to the After Hours IEHP Nurse line

Visits for Multiple Children

Each child requires their own scheduled appointment

Well Visits and Other Concerns

Well visits focus on preventive care, growth, development, and vaccines.

If additional medical concerns are addressed, insurance may require billing an additional problem-focused visit.

Insurance & Payment

Families are responsible for understanding their insurance benefits

Administrative Charges

We charge a yearly fee (\$75) to cover referral work, denials, prior authorizations, and most forms. It is only available to be paid each year by June 30. If not within this window, a \$50 per incident fee occurs. For new patients, the fee will be prorated. No additional charges for patients in the concierge or DPC program. ***No charges for IEHP patients as this is paid for through our CHW contract.***

Vaccination Policy

Garden Pediatrics strongly supports routine childhood vaccination.

Families requesting an alternate or delayed schedule must schedule a vaccine consult visit. Vaccination policies must follow California state law.

Respectful Partnership

We are committed to providing compassionate, high-quality care. We ask that interactions with our team remain respectful and professional.